



Deval Patrick
GOVERNOR

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CHARLES WALKER

DEPUTY DIRECTOR FOR
ENFORCEMENT

CHRISTOPHER
CARROLL,
CHIEF INVESTIGATOR

Board of Barbers
Plumbing Inspection Form

Date: _____

This is to certify that I am a **Plumbing Inspector** in the State of Massachusetts, and that the plumbing alterations or installations for

NAME OF SHOP OWNER

NO. _____ STREET _____ CITY _____
is in accordance with the specifications of the plumbing ordinances of the City or Town of

NAME OF CITY OR TOWN WHERE SHOP IS LOCATED
and the State of Massachusetts.

NAME OF PLUMBING CONTRACTOR _____

LICENSE # _____

EXP. DATE _____

ADDRESS _____

SIGNED: _____

PLUMBING INSPECTOR

LICENSE #

EXP. DATE

